

# Work Order ID 117925

\*117925\*

Page 1

May-05-14 2:27:35 PM

Item ID: D4728-043 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: LH Cabin Speaker #2

Start Date: 5/05/14 Start Qty: 15.00 \*15\* Cust Item ID:

Required Date: 7/31/14 Req'd Qty: 15.00 \*15\* Customer:

Reference:

Approvals: Process Plan: MLJ Date: 11/05/05 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D4728                          | D                        |                      |         |        |              |               |               |                  |                |

110 0.00

\*110\*

Outsource8

Outsource process- Eagle

Memo

Issue P/O to Eagle : 24054  
Manufacture as per dwg  
Certificate of conformity required

0.00

CZ 14/05/07 15

120 Receive & Inspect for Damage & Mat'l Certs 0.00

\*120\*

Packaging

Packaging

Memo

Inspect and check certificate of conformity

0.00

15k SP 14-8-20

130 QC4- 100% Inspect kits for completeness 0.00

\*130\*

QC

Quality Control

Memo

0.00

150 14/08/11

DAS  
38  
9-80

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|  |  |  |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|--|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>   | Water Jet <input type="checkbox"/>   | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>   | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>   | Rec/Store/Packaging <input type="checkbox"/>   | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>   | Supplier <input type="checkbox"/>  |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |   |                   |                    |             |              |              |
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Transport     |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|  |  |   |   |
|--|--|---|---|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other<br><br>_____<br>_____<br>_____ |
|--|--|---|---|

Work Order ID 117925

May-05-14 2:27:35 PM

\*117925\*

Page 2

Item ID: D4728-043 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: LH Cabin Speaker #2

Start Date: 5/05/14 Start Qty: 15.00 \*15\* Cust Item ID:

Required Date: 7/31/14 Req'd Qty: 15.00 \*15\* Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                        | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number   | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|--------------------|----------------|
| 140                            | Identify as per dwg & Stock Location: <u>mt</u> | 0.00                 |         |        |              | 15            |               | Shp                |                |
| *140*                          | Packaging Memo                                  | 0.00                 |         |        |              |               |               | 14/8/21            |                |
|                                | Packaging                                       |                      |         |        |              |               |               |                    |                |
| 150                            | QC21- Final Inspection - Work Order Release     | 0.00                 |         |        |              |               |               | MLJ 14-08-21       |                |
| *150*                          | QC Memo   | 0.00                 |         |        |              | 15x           |               | DAS 28 AUG 21 2014 |                |
|                                | Quality Control                                 |                      |         |        |              |               |               | 9-89               |                |

MLJ 14-08-21

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
|--|------|------|-----|--|-------------------|---|-------------|--------------|--------------|--|--|
| Root Cause   | Date | Step | Qty | Description of work order update or non-conformance  | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector |  |  |
| Design   |      |      |     |  |                   |   |             |              |              |  |  |
| Doc/Data   |      |      |     |  |                   |   |             |              |              |  |  |
| Equip/Tooling  |      |      |     |  |                   |   |             |              |              |  |  |
| Handling/Pre   |      |      |     |  |                   |   |             |              |              |  |  |
| Material   |      |      |     |  |                   |   |             |              |              |  |  |
| Operator   |      |      |     |  |                   |   |             |              |              |  |  |
| Offset/Setup   |      |      |     |  |                   |   |             |              |              |  |  |
| Process  |      |      |     |  |                   |   |             |              |              |  |  |
| Supplier   |      |      |     |  |                   |   |             |              |              |  |  |
| Training   |      |      |     |  |                   |   |             |              |              |  |  |
| Transport  |      |      |     |  |                   |   |             |              |              |  |  |
| Unapproved   |      |      |     |  |                   |   |             |              |              |  |  |

| FAULT CATEGORY   |  |   |  |
|--|--|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |

# Picklist Print

May-05-14 2:27:38 PM

Page 1

Work Order ID: 117925

**\*117925\***

Parent Item: D4728-043

**\*D4728-043\***

Parent Item Name: LH Cabin Speaker #2

Start Date: 5/05/14

Required Date: 7/31/14

Start Qty: 15.00

Required Qty: 15.00

Comments: IPP REV:A 12.11.09 NEW ISSUE DD VERF:JLM  
B 13/07/24 DWG UPDATE DL VERIFIED BY:JLM

IPP REV.

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty         | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|----------------------|---------------|----------------|--------|
| D4728-043P                      |                        | Purchased     | No          |                     |                  |                 | Each               | 0.0000         |             | 15                   |               |                |        |
| <b>*D4728-043P*</b>             |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   | <b>15x 8/14-8-20</b> |               |                |        |
| LH Cabin Speaker #2             |                        |               |             |                     |                  |                 |                    |                |             |                      |               |                |        |

15x 8/14-8-20.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

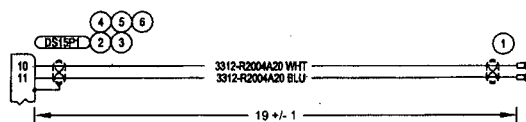
|  |  |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>   | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>   | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>   | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>   | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |   |                   |                    |             |              |              |
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Transport     |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|  |  |   |   |
|--|--|---|---|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other<br><br>_____<br>_____<br>_____ |
|--|--|---|---|

| LIST OF MATERIALS |      |               |                |               |
|-------------------|------|---------------|----------------|---------------|
| QTY PER           | ITEM | PART NUMBER   | DESCRIPTION    | SUPPLIER      |
|                   | 2    | 1             | 640911-1       | TERMINAL      |
|                   | 1    | 2             | M24308/4-2Z    | CONNECTOR     |
| A/R (2)           | 3    | M39028/64-369 | CONTACTS       |               |
|                   | 1    | 4             | M85049/48-2-2F | BACKSHELL     |
|                   | 2    | 5             | M24308/26-1F   | JACKSCREW KIT |
|                   | 1    | 6             | M25036-148     | TERMINAL      |









**D4728-043 LH SPEAKER #2 HARNESS ASSY.**

**NOTES:**

- ALL NEW UNSHIELDED WIRE USE M22759/41-XX-9 TYPE WIRE UNLESS OTHERWISE SPECIFIED (M22759/41-XX-X IS NOT INTENDED TO BE USED IN SOLDER APPLICATIONS. SOLDERABILITY CAN BE ACHIEVED WITH THE PROPER SOLDER. USE CRIMP SPLICES FOR REPAIR).
- ALL NEW TWISTED SHIELDED CABLE USE M27500-XX-TGxT14 TYPE CABLE UNLESS OTHERWISE SPECIFIED.
- ALL WIRES 20 AWG UNLESS OTHERWISE SPECIFIED.
- IDENTIFY/CODE ALL WIRES AND CABLES IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- KEEP ALL JUMPERS, LOGIC STRAP, POWER, CHASSIS AND SIGNAL GROUND WIRES AS SHORT AS POSSIBLE.
- ALL TERMINALS TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ALL ELECTRICAL GROUNDING AND BONDING TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ALL CONNECTORS TO BE INSTALLED IN ACCORDANCE WITH 39-A-AWDP-00-X WIRING DATA PUBLICATION.
- ENSURE ALL UNUSED CONNECTOR CONTACTS ARE FILLED WITH SPARE PINS/sockets OR PLASTIC GROMMET SEALING PLUGS.
- A DOT (•) BEFORE A CONNECTOR CONTACT LETTER DENOTES LOWER CASE.
- UNITS: INCHES UNLESS OTHERWISE NOTED.
- IDENTIFY CONNECTORS WITH SHRINK SLEEVE LABELS.

117925 MJS  
14-05-05

RELEASED  
2014-01-22

|  |   |  |               |
|--|---|--|---------------|
| DESIGN   |  | <b>DART AEROSPACE LTD</b>              |               |
| DRAWN  |  | HAWKESBURY, ONTARIO, CANADA            |               |
| CHECKED  |  | DRAWING NO.                            | REV. D        |
| MFG. APPR.   |  | D4728                                  | SHEET 3 OF 15 |
| APPROVED   |  | TITLE                                  | SCALE         |
| DE APPR.   |  | UTILITY INTERIOR WIRING HARNESS        | NTS           |
| DATE   | 14.01.09  | COPYRIGHT © 2013 BY DART AEROSPACE LTD |               |
| THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |   |  |               |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|  |  |   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>   | Water Jet <input type="checkbox"/>  | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>   | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>   | Rec/Store/Packaging <input type="checkbox"/>  | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>   | Supplier <input type="checkbox"/>   |                                      |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design        |      |      |     |   |                   |                    |             |              |              |
| Doc/Data      |      |      |     |   |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |   |                   |                    |             |              |              |
| Handling/Pre  |      |      |     |   |                   |                    |             |              |              |
| Material      |      |      |     |   |                   |                    |             |              |              |
| Operator      |      |      |     |   |                   |                    |             |              |              |
| Offset/Setup  |      |      |     |   |                   |                    |             |              |              |
| Process       |      |      |     |   |                   |                    |             |              |              |
| Supplier      |      |      |     |   |                   |                    |             |              |              |
| Training      |      |      |     |   |                   |                    |             |              |              |
| Transport     |      |      |     |   |                   |                    |             |              |              |
| Unapproved    |      |      |     |   |                   |                    |             |              |              |

### FAULT CATEGORY

|  |  |   |
|--|--|---|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crimp/Kink/Ripple/Wave<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Crushing<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Marks/Chatter<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damage/Defect<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program<br><input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete/Unqualified<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Misaligned/off center<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Off-set<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence |
|  |  | <input type="checkbox"/> Outside Dimensions<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge  |
|  |  | <input type="checkbox"/> Pressure/Forced Set-up<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other  |





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

\*\*\*PO REPRINT\*\*\*

Purchase Order ID PO24054

Purchase Order Date 5/2/2014  
PO Print Date 8/15/2014

Page Number 2 of 9

Order From :

POSITRONIC INDUSTRIE INC.  
423 N CAMPBELL AVE  
SPRINGFIELD, MO 65806  
USA

VU-POS001

Ship To :

DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name

Vendor Phone

Ship To Contact

Ship To Phone

Ship Via

Ship Acct

Buyer

Customer POID

Customer Tax #

Terms

Currency

FOB

Michael Gregoire

10127-2607

Net 30

USD

FCA - (Free Carrier)

|   |            |                     |           |       |   |         |        |
|---|------------|---------------------|-----------|-------|---|---------|--------|
| 3 | D4728-043P | LH Cabin Speaker #2 | 8/27/2014 | 15.00 | ✓ | \$38.75 | \$581. |
|   |            |                     | Yes       | Each  |   |         |        |
|   |            |                     | 8/27/2014 |       |   |         |        |

Manufacture as per Drawing D4728 rev.D  
B117925

Mfg# CC3986-V03

SP14-8-20

Line Total: \$581.

|   |            |                     |           |       |   |         |        |
|---|------------|---------------------|-----------|-------|---|---------|--------|
| 4 | D4728-044P | RH Cabin Speaker #2 | 8/27/2014 | 15.00 | ✓ | \$38.75 | \$581. |
|   |            |                     | Yes       | Each  |   |         |        |
|   |            |                     | 8/27/2014 |       |   |         |        |

Manufacture as per Drawing D4728 rev.D  
B117926

Mfg# CC3986-V04

SP14-8-18

Line Total: \$581.

PO Instructions: \*\*\*NOTE\*\*\*

Fedex acc#151793240

\*\*\*\*\*

Will accept earlier deliveries

Note:

**Packing Slip**

Cage Code: 54YW  
Page: 1 of 2

**Ship To:** MIKE GREGOIRE  
DART AERO  
1270 Aberdeen St  
Hawkesbury ON K6A 1K7  
Canada

**Phone:**  
**Fax:**

**Sold To:** MIKE GREGOIRE  
DART AERO  
1270 Aberdeen St  
Hawkesbury ON K6A 1K7  
Canada

**Phone:**  
**Fax:**

Ship Date: 8/15/2014  
Ship Via: FedEx Intl Economy

F.O.B.: FOB SHIPPING POINT  
Carrier: Federal Express

CustID: 22558

Waybill #: 780130603111

**Pack Slip:**  
36649

**Salesperson**  
Leo Giannakopoulos

Terms: Net 30 Days

**P.O. #** PO24054

**S.O. #** 20843


**SHIPPING INTERNATIONALLY-COMMERCIAL INVOICE/ CERTIFICATE OF ORIGIN REQUIRED**

This order acknowledgement contains cable assemblies for which Dart Aerospace has requested to receive a prototype shipment of 1 piece along with an AS9102 First Article Inspection Report prior to the commencement of the production quantity build. As a result, Positronic has scheduled the shipment of one prototype piece (FA unit) and the inspection report (FAIR) at the lead time quoted for your cable assembly.

After Dart Aerospace acknowledges the FA unit meets the criteria to which it was built, by signing the acceptance paperwork which will accompany the shipment, the production quantity will be built to ship at a reduced lead time. For PO24007 FA units are scheduled to ship at 8 weeks, and after receipt of a customer signed FAIR a 6 week production lead time for cables on PO24054 will begin.

The production lead time does not begin until the First Article Inspection Report is returned signed by the customer. The date of 07/31/2020 is used on your order acknowledgement to indicate production lines for which lead time has not yet begun, pending FA Unit/ FAIR shipment and approval.

**SHIPPING TO CANADA-CANADA CUSTOMS/NAFTA DOCUMENTS REQUIRED**





| Line\Rel                 | Part Number  | Rev | Planned Qty | Shipped Qty | Back Order Qty | Unit |
|--------------------------|--|-----|-------------|-------------|----------------|------|
| 3 \ 1                    | CC3986-V03<br><br>D4728-043 | 2   | 15.0000     | 15.0000     |                |      |
| Total Net Weight: 0.00 G |  |     |             |             |                |      |

8/14-8-20

## Packing Slip

Cage Code: 54YW5

Page: 2 of 2

| Line\Rel  | Part Number | Rev   | Planned Qty | Shipped Qty   | Back Order Qty | UOM   |
|---|-------------|---|-------------|---|----------------|---|
| <b>Manufacturer:</b> Positronic Industries Caribe, Inc.                           |             | <b>Country of Origin:</b> United States   |             |  |                |   |
| <b>HTS #</b><br>8538908040  |             |   |             |   |                |   |
| <b>Customer Part \ Rev</b><br>D4728-043 \ D                                       |             |   |             |   |                |   |
|  |             |   |             |   |                |   |
| <b>Lot Number</b><br>02573943014  |             |  |             | <b>Lot Qty</b><br>15.0000   |                |  |
| DATE CODE 30/14   |             |   |             |   |                |   |

| Shipping Package Information |        |        |       |     |            |
|------------------------------|--------|--------|-------|-----|------------|
|                              | Length | Height | Width | UOM | Weight UOM |
| 1                            | 11.00  | 13.00  | 8.00  | IN  | 3.00 LB    |

## Certificate of Conformance

WE CERTIFY THAT THE PRODUCT(S) FURNISHED FOR THE PURCHASE ORDER LISTED ABOVE HAS (HAVE) BEEN MANUFACTURED IN ACCORDANCE WITH POSITRONIC INDUSTRIES' ENGINEERING DRAWINGS AND MANUFACTURING PROCEDURES, AS WELL AS TO CUSTOMER SPECIFICATIONS AS LISTED ON THE PURCHASE ORDER. PHYSICAL AND CHEMICAL TEST DATA ARE ON FILE FOR VERIFICATION. PRODUCTS AND PACKAGING CONTAIN NO MERCURY. POSITRONIC INDUSTRIES WARRANTS NO ODS-CLASS I OR CLASS II(S) ARE USED IN THEIR MANUFACTURING PROCESSES; OR IN THE DESIGN, TESTING, ASSEMBLY, HANDLING, TRANSPORTATION, OR MAINTENANCE OF ANY PRODUCT THAT IT PRODUCES. ENGINEERING DATA AND EVIDENCE OF INSPECTION MAY BE SUPPLIED FOR VERIFICATION OF CONFORMANCE TO APPLICABLE MILITARY AND COMMERCIAL REQUIREMENTS.

Date: 8/15/14 Signed: [Signature]

QA Representative

8/15/2014 10:27:37AM



Shipment ID:

## CANADA CUSTOMS INVOICE

Page 1 of 1

|  |  |   |                |  |
|--|--|---|----------------|--|
| 1. Vendor (name and address)<br>Positronic Industries Caribe, Inc.<br>101 Carr #591<br>Ponce, 00728<br>PR  |  | 2. Date of direct shipment to<br>08/15/14   |                |  |
|  |  | 3. Other References (include Purchase Order number)<br>PO24054,<br>20843                                |                |  |
| 4. Consignee (name and address)<br>DART AERO<br>1270 Aberdeen St<br>Hawkesbury, ON K6A 1K7<br>CA   |  | 5. Purchaser (if other than Consignee)<br>DART AERO<br>1270 Aberdeen St<br>Hawkesbury, ON K6A 1K7<br>CA |                |  |
|  |  | 6. Country of Transshipment<br>N/A  |                |  |
|  |  | 7. Country of Origin of Goods<br>See Section 12   |                |  |
| 8. Transportation: Give mode and place of direct shipment to Canada<br>Federal Express<br><br>Broker:  |  | 9. Conditions of Sale and Terms of Payment<br>Ex Works  |                |  |
|  |  | 10. Currency of Settlement<br>USD   |                |  |
| 11. No<br>of Pkgs  | 12. Specifications of Commodities (type of packages, marks and numbers, general<br>description and characteristics, i.e. grade or quality) | 13. Qty   | Selling Price  |  |
|  |  |   | 14. Unit Price | 15. Total  |
|  | Part for use with elect connector 1kV max 8538908040 US  | 15  | 38.75          | 581.25   |
| 18. If any of field 1 to 17 are included on an attached commercial invoice.<br>Check this box <input type="checkbox"/><br>Commercial Invoice No. _____ |  | 16. Total Weight  |                | 17. Invoice<br>Total   |
|  |  | Net   | Gross          | 581.25   |
|  |  |   | 1              |  |
| 19. Exporter (name and address if other than Vendor)   |  | 20. Originator (name and address)<br>Same as Vendor #1  |                |  |
| 21. Departmental Ruling (if applicable)  |  | 22. If field 23 to 25 are not applicable, check this box. <input checked="" type="checkbox"/>           |                |  |
| 23. If included in field 17, indicate amount:  |  | 24. If not included in field 17, indicate<br>amount:  |                | 25. Check (if applicable)  |
| I. Transportation charges, expenses and insurance<br>from the place of shipment to   |  | I. Transportation charges, expenses and<br>insurance from the place of shipment to                      |                | I. Royalty payments or subsequent proceeds are<br>paid or payable by the purchaser<br><input type="checkbox"/>           |
| II. Costs for construction, erection and assembly<br>incurred after importation into   |  | II. Amounts for commissions other than buying<br>commissions  |                | II. The purchaser has supplied goods or services<br>for use in the production of these goods<br><input type="checkbox"/> |
| III. Export packing  |  | III. Export packing   |                |  |

Positronic Industries Caribe, Inc.  
 101 Carr #591  
 Ponce, 00728  
 PR

Phone: 1 (763) 315-5300

## EXPORT PACKING LIST

|                            |   |                            |   |
|----------------------------|---|----------------------------|---|
| B<br>I<br>L<br>L<br>T<br>O | DART AERO<br>1270 Aberdeen St<br>Hawkesbury, ON K6A 1K7<br>CA | S<br>H<br>I<br>P<br>T<br>O | DART AERO<br>1270 Aberdeen St<br>Hawkesbury, ON K6A 1K7<br>CA |
|----------------------------|---|----------------------------|---|

| Order #          | Line | P.O. | Qty<br>Shipped          | Part Number | Description            |
|------------------|------|------|-------------------------|-------------|------------------------|
| Case ID: 0022579 |      |      | Dimensions: 11 x 8 x 13 |             | Case Weight: 3LBS 1Kgs |

|       |   |         |    |             |           |                   |          |
|-------|---|---------|----|-------------|-----------|-------------------|----------|
| 20843 | 3 | PO24054 | 15 | CC3986-V03  | D4728-043 |                   |          |
|       |   |         |    | Unit Price: | \$38.75   | Item Total Value: | \$581.25 |

#/Cartons: 1

TOTAL: 3.00 Lbs

1.36 Kgs

Total Shipment Value:

**581.25**

DEPARTMENT OF THE TREASURY  
UNITED STATES CUSTOMS SERVICE

NORTH AMERICAN FREE TRADE AGREEMENT  
CERTIFICATE OF ORIGIN

19 CFR 181.11, 181.22

Shipment ID: 780130603111

|  |   |
|--|---|
| <b>1. EXPORTER NAME AND ADDRESS</b><br>Positronic Industries Caribe, Inc.<br>101 Carr #591<br>Ponce, 00728<br>PR | <b>2 BLANKET PERIOD (MM/DD/YY)</b><br><br>FROM 01/01/14<br><br>TO 12/31/14  |
| <b>3. PRODUCER NAME AND ADDRESS</b><br><br>Same as Shipper<br><br><b>TAX IDENTIFICATION NUMBER:</b>              | <b>4. IMPORTER NAME AND ADDRESS</b><br>DART AERO<br>1270 Aberdeen St<br>Hawkesbury, ON K6A 1K7<br>CA<br><br><b>TAX IDENTIFICATION NUMBER:</b> |

| 5.<br>DESCRIPTION OF GOODS | 6.<br>HS TARRIFF<br>CLASSIFICATION<br>NUMBER | 7.<br>PREFERENC<br>E<br>CRITERION | 8.<br>PRODUCER | 9.<br>NET<br>COST | 10.<br>COUNTR<br>Y<br>OF |
|----------------------------|--|-----------------------------------|----------------|-------------------|--------------------------|
| CC3986-V03      D4728-043  | 8538908040                                   | B                                 | YES            | NO                | US                       |

I CERTIFY THAT:

- THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT;
- I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND TO INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE;
- THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND
- THIS CERTIFICATE CONSISTS OF                      PAGES, INCLUDING ALL ATTACHMENTS.

|                                     |  |                              |                             |                    |
|-------------------------------------|--|------------------------------|-----------------------------|--------------------|
| <b>11a. AUTHORIZED SIGNATURE</b>    | <b>11b. COMPANY</b> Positronic Industries Caribe, Inc.   |                              |                             |                    |
| <b>11c. NAME (PRINT OR TYPE)</b>    | <b>11d. TITLE</b> SHIPPER  |                              |                             |                    |
| <b>11e. DATE(DD/MM/YY)</b> 15/08/14 | <table> <tr> <td data-bbox="602 2019 820 2083"> <b>11f. TELEPHONE NUMBER</b> </td> <td data-bbox="820 2019 1203 2083"> <b>(Voice)</b>      787-841-0920           </td> <td data-bbox="1203 2019 1565 2083"> <b>(Facsimile)</b> </td> </tr> </table> | <b>11f. TELEPHONE NUMBER</b> | <b>(Voice)</b> 787-841-0920 | <b>(Facsimile)</b> |
| <b>11f. TELEPHONE NUMBER</b>        | <b>(Voice)</b> 787-841-0920  | <b>(Facsimile)</b>           |                             |                    |